



CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 6, 2003.

Kristi L. Davidson
Kristi L. Davidson, Reg. No. 44,643

11/6/03
Date

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 10/694,125
Filed: October 27, 2003
Group Art Unit: Unknown
Examiner: Unknown
Applicant: Devoe et al.
Title: SINGLE LAYER CAPACITOR
Attorney Docket: DEVOE-09CO

Cincinnati, Ohio 45202

November 6, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

PRELIMINARY AMENDMENT

Prior to the examination on the merits of the above-identified application, please amend the subject application as follows.

11/13/2003 HVUONG1 00000015 10694125

01 FC:2202 81.00 OP
02 FC:2201 129.00 OP



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Devoe et al.
Serial No.: 10/694,125
Filed: October 27, 2003
Group No.: Unknown
Examiner: Unknown
For: SINGLE LAYER CAPACITOR
Attorney Docket: DEVOE-09CO

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment for this application.
- X Small Entity status is claimed.
____ Other Than a Small Entity.
- The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		LARGE ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL *	29	MINUS **	20	9	x 9	\$ 81.00	x 18	
INDEP. *	6	MINUS ***	3	3	x 43	\$ 129.00	x 86	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+145		+290	
					TOTAL FEE	\$ 210.00	TOTAL FEE	

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ____ No additional fee for claims is required.
- X Attached is a check in the sum of \$210.00.
____ Please charge my Deposit Account No. 23-3000 in the amount of \$
A duplicate copy of this sheet is attached.

5. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

Complete (a) or (b) as applicable.

(a) _____ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
_____ one month	\$ 110.00	\$ 55.00
_____ two months	\$ 420.00	\$ 210.00
_____ three months	\$ 950.00	\$ 475.00
_____ four months	\$ 1,480.00	\$ 740.00
_____ five months	\$ 2,010.00	\$ 1,005.00

_____ Attached is a check in the amount of \$ _____ for the _____ month extension fee as required by 37 C.F.R. § 1.17(c).

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$ _____.

OR

(b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition for extension of time.

X If any additional fee for claims or extension of time is required, please charge necessary fees to Deposit Acct. No. 23-3000.

2700 Carew Tower
441 Vine Street
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(513) 241-2324 - voice
(513) 241-6234 - fax



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